

Michigan Application for Individual Resident License

(Please Print or Type)

1 Social Security Number		2 If assigned, National Producer Number (NP#)		3 If applicable, NASD Individual Central Registration Depository (CRD) Number	
4 Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		5 Financial institution/bank FEIN and name			
6 Last Name	7 JR./SR. etc	8 First Name	9 Middle Name	10 Date of Birth (month) ____ (day) ____ (year) ____	
11 Residence/Home Address (Physical Street)			12 Home Address (Line Two)		
13 City	14 State or Province	15 Zip	16 Foreign Country		
17 Home Phone Number () -	18 Gender (Circle One) Male Female	19 Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)			
20 Employer's Name					
21 Business Address (Physical Street)			22 Business Address (Line Two)		
23 City	24 State or Province	25 Zip	26 Foreign Country		
27 Business Phone Number () -	28 Extension	29 Business Fax Number () -	30 Business E-Mail Address	31 Business Web Site Address	
32 Mailing Address (Line One) ** Complete Mailing Address is Required **			33 Mailing Address (Line Two)		
34 City	35 State or Province	36 Zip	37 Foreign Country		
38 List any name under which you are doing business					

Agency or Business Entity Affiliations

39 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____

Employment History

40 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City _____ State _____					
Name _____					
City _____ State _____					
Name _____					
City _____ State _____					
Name _____					
City _____ State _____					
Name _____					
City _____ State _____					
Name _____					

41	Type of License Requested								
	Check the box in front of the license type(s) and the boxes under the line(s) of authority for which you are applying.								
	Lines of Authority Requested								
	License Type	Life	Accident & Health	Property	Casualty	Title	Personal Lines	Credit Products	Limited Lines Property Casualty
	Agent/Producer								
	Fraternal Producer								
	Surplus Lines Producer								

Background Information	
42	<p>The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.</p> <p>1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___</p> <p>"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, and c) a copy of the official document that demonstrates the resolution of the charges or any final judgment. <p>2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___</p> <p>"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding that is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document that demonstrates the resolution of the charges or any final judgment. <p>3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p> <p>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___</p> <p>If you answer yes, identify the jurisdiction(s): _____</p> <p>5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. <p>6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents. <p>7. Do you have a child support obligation in arrearage? Yes ___ No ___</p> <p>If you answer yes, by how many months are you in arrearage? _____ Months</p> <p>8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___</p> <p>If yes, submit a statement showing compliance with administrative or court ordered child support.</p> <p>9. If you previously held the same type of license for which you are applying and the most recent resident license held was in a state other than Michigan, check Yes. If no resident license was previously held, or the most recent resident license was in Michigan, check No. Yes ___ No ___</p> <p>10. Are you currently employed by, do you own stock in, or are you an officer or director of, or are you in any other manner connected with a funeral establishment, mortuary or cemetery? Yes ___ No ___</p>

Applicants Certification and Attestation

43 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I have read the instructions and material stated on this form and those contained in the State of Michigan Insurance Licensing and Examination Handbook and hereby attest that I am in compliance with all requirements and regulations referenced therein.

 Month Day Year

 Original Applicant Signature

 Full Legal Name (Printed or Typed)

Attachments

44 As indicated for 42-1 through 42-10

Authorized by PA 218 of 1956 as amended. Failure to properly complete this application may result in a rejection of your application, or a compliance action including revocation, against any Michigan licenses issued to you by the Office of Financial and Insurance Services.

Send Application not requiring testing **by mail:**

Promissor
 PO Box 23127
 Lansing, MI 48909-3127

or overnight:

Promissor/OFIS
 6920 S. Cedar, Ste. 6
 Lansing, MI 48911-6924

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
 1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

MICHIGAN OFFICE OF FINANCIAL AND INSURANCE SERVICES

General Instructions and Fee Processing Card

Use form FIS 0263 to change your mailing address (as required by law within 30 days of your moving). The FIS 0261 is used to request documents (certification letters, a clearance letter, a duplicate license, or a licensing history). Use form FIS 0262 to report name changes. The FIS 0223 (at the bottom of this page) is a fee processing card.

Download the form(s) you need. Either type or print your answers, and mail the form together with the cut-to-size fee processing card (required with form FIS 0263) and your nonpersonal check (money order, cashier's check, agency or company check) made to the State of Michigan.

Changing your address on form FIS 0263 and supplying the \$3 address change fee will not produce a new license for you automatically. If you would like a new license, bearing your new mailing address, please complete and submit the Document Request Form FIS 0261. Use the first address given below to mail your address change to us.

Payment is required only with form FIS 0263. Use the FIS 0223 (below). **Please cut on the dotted line** as this form must be a specific size for our accounting machines. Please **do not staple** the FIS 0223 to your check or form. Thank you for your cooperation.

Call 877-999-6442 with questions.

EVERYONE: Print applicant or licensee name and Social Security Number (individuals) or Federal Employer I.D. Number (corporations). Make company check, cashier's check, or money order for full amount due, payable to **State of Michigan**. Do not send cash! Fees are non-transferable/non-refundable.

FOR APPLICATIONS: Select the ONE application type for which you are applying. Submit your license application with this card and payment to the Promissor staff at the exam site when taking your qualifying exam. If an exam is not required, return your completed application with this Fee Processing Card and payment to the address below.

FOR OTHER REQUESTS: Document requests (certification letters, clearance letters, duplicate licenses, or license histories) require the use of form FIS 0261. There is no charge for document requests. To change your name, use form FIS 0262. There is no charge for a name change.

Use this Fee Processing Card (FIS 0223) with your Address Change form (FIS 0263), and send a nonpersonal check (cashier's check, money order, agency or company check) for \$3 made payable to the State of Michigan.

Send Address Changes and Applications not requiring testing to

Promissor
PO Box 23127
Lansing, MI 48909-3127

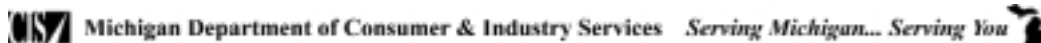
OR

overnight to
Promissor/OFIS
6920 S. Cedar, Ste. 6
Lansing, MI 48911-6924

DO NOT FOLD OR STAPLE ANY FORMS.

Attach your check and documents to this form with a **PAPERCLIP**.

Promissor# 1223-03



CUT ON DOTTED LINE

FIS 0223 (8/00) Michigan Office of Financial & Insurance Services Division of Insurance

FIS 0223 Fee Processing Card

This card helps us process your application or request *faster*. Use a separate card for each Application or Address Change.

Application Type — <i>select only ONE</i>	Amount due
<input type="checkbox"/> Resident Agent/Agency	98-05-01 \$10.00
<input type="checkbox"/> Non-Resident Agent/Agency	98-04-01 \$10.00
<input type="checkbox"/> Solicitor	98-06-01 \$20.00
<input type="checkbox"/> Counselor	98-02-01 \$20.00
<input type="checkbox"/> Insurance Adjuster	98-03-01 \$15.00
<input type="checkbox"/> Adjuster for the Insured	98-01-01 \$15.00
<input type="checkbox"/> Risk Retention Agent/Agency	98-14-01 \$110.00
<input type="checkbox"/> Surplus Lines Agent/Agency	98-07-13 \$110.00
<input type="checkbox"/> Administrative Services Manager	87-08-01 \$10.00

Individual's last name	First name	Middle initial
<hr/>		
Agency's name		
<hr/>		
Social Security Number (Individual) or Agency FEIN		
<div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div>		

Other Request	Amount due
<input type="checkbox"/> Address Change	98-19-32 \$3.00

Make agency or company check, cashier's check, or money order for full amount due payable to **State of Michigan**.
Authority: PA 218 of 1956 as amended • Failure to properly complete this card may result in processing delays.